

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 NOV -4 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000006220 (5)

1. Corporation Name

AMERICOM WIRELESS SERVICES, INC.

REINSTATEMENT

97

Principal Place of Business

1300 BELLONS AVENUE
LUTHERVILLE MD 21093

Mailing Address

1300 BELLONS AVENUE
LUTHERVILLE MD 21093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

3a. Date of Last Report

4. FEI Number

52-1984764

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1300 BELLONA AVENUE

Suite, Apt. #, etc.

22

City & State

23 LUTHERVILLE, MD

Zip

24 21093

Country

25 USA

2a. Mailing Address

26 1300 BELLONA AVENUE

Suite, Apt. #, etc.

27

City & State

28 LUTHERVILLE, MD

Zip

29 21093

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

10/31/97

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDAS ☐ DELETE

NAME GILL, MICHAEL
STREET ADDRESS 1300 BELLONA AVENUE
CITY-ST-ZIP LUTHERVILLE MD

TITLE STD ☐ DELETE

NAME MCCLURE JR, DONALD G
STREET ADDRESS 1300 BELLONA AVENUE
CITY-ST-ZIP LUTHERVILLE MD

TITLE D ☐ DELETE

NAME GILL, GARY T
STREET ADDRESS 2328 W. JOPPA ROAD
CITY-ST-ZIP LUTHERVILLE MD

TITLE ASD ☐ DELETE

NAME MANN, MICHELE
STREET ADDRESS 1300 BELLONA AVENUE
CITY-ST-ZIP LUTHERVILLE MD

TITLE D ☐ DELETE

NAME GRIMES, ALBERT
STREET ADDRESS 2100 WILSON BLVD, #1200
CITY-ST-ZIP ARLINGTON VA

TITLE D ☐ DELETE

NAME WOLTZEN, HUGH
STREET ADDRESS 9690 DEERE CO ROAD
CITY-ST-ZIP TIMONIUM MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002340917-3

-11/06/97-01018

****750.00 ****750.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

10/14/97

410-823-1300

CR2E034 (4/97)